



DEPARTMENT OF THE NAVY
COMMANDING OFFICER
NAS PENSACOLA
190 RADFORD BLVD
PENSACOLA, FLORIDA 32508-5217

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G
IN REPLY REFER TO

NASPNCLAINST 12630.3A
Code 00F60
26 APR 1996

NASPNCLA INSTRUCTION 12630.3A

Sub: VOLUNTARY LEAVE TRANSFER PROGRAM FOR FEDERAL EMPLOYEES

Ref: (a) 5 CPR Part 630

Encl: (1) HROPNCLAINST 12630.1

1. Purpose. To provide policy and guidance for administering the Voluntary Leave Transfer Program per reference (a).
2. Cancellation. NASPNCLAINST 12630.3
3. Scope. The Voluntary Leave Transfer Program permits Federal employees to donate annual leave to others who are in medical or family medical emergency situations. This program is available when the employee's absence results from circumstances beyond his or her control and in situations where the employee is facing serious economic consequences because of unavailability of paid leave.
4. Policy. The policy of this command is to support and comply with the Department of the Navy policy contained in reference (a), and implemented by enclosure (1).
5. Information
 - a. Leave Recipient. An employee who has been affected by a medical emergency may become a leave recipient by completing Optional Form 630 and submitting same through his/her chain-of-command to the Executive Officer via Management Assistance Office (Code 00F60).
 - b. Leave Donor. An employee desiring to be a leave donor shall complete Optional Form 630-A (Within Agency) or Optional Form 630-B (Outside Agency) and submit same to the Executive Officer via Management Assistance Office (Code 00F60). Note, however, that an employee may not donate annual leave to his/her immediate supervisor.
6. Responsibilities
 - a. Management Assistance Office (Code 00F60), as Program Administrator, will administer the program by following policy and procedural requirements established by reference (a). This includes working with the servicing payroll office to establish local procedures, ensure proper

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documentation of all recipients, donors, and actions necessary to administer this program, and ensure potential recipients/donors are advised of their responsibilities. The Program Administrator shall also provide administrative assistance to the activity heads of COMTRAWING SIX, TRARON FOUR, TRARON TEN, TRARON EIGHT SIX, and MATSG in administering subject program for their activity.

b. The Executive Officer, NAS Pensacola, will approve/disapprove potential leave recipient's and/or donor's applications within 10 days (excluding Saturdays, Sundays, and legal public holidays) of receipt, and ensure the potential recipient and/or donor is notified, in writing, of the decision.

7. Action. The Management Assistance Office shall maintain records which may be required by the Office of Personnel Management (OPM) to monitor the Voluntary Leave Transfer Program.

8. Forms. Optional Forms 630, 630-A, and 630-B may be obtained from the NAS Pensacola Voluntary Leave Transfer Program Administrator in Building 624, Room 236, or reproduced locally per reference (a).


TIMOTHY THOMSON

Distribution:

B

(NASPNCLAINST 5216.1R)
COMTRAWING SIX
TRARON FOUR
TRARON TEN
TRARON EIGHT SIX
MATSG Pensacola

Stocked:

Commanding Officer
NAS Pensacola Code 11000
190 Radford Blvd
Pensacola, FL 32508-5217



DEPARTMENT OF THE NAVY
HUMAN RESOURCES OFFICE
368 SOUTH AVENUE
PENSACOLA FLORIDA 32508-5124

IN REPLY REFER TO:

HROPNCLAINST 12630.1
Code 092

12 SEP 1994

HRO PENSACOLA INSTRUCTION 12630.1

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM

Ref: (a) 5 CFR Part 630

Encl: (1) Optional Form 630 (6/89)
(2) Optional Form 630-A (6/89)
(3) Optional Form 630-B (6/89)

1. Purpose. To provide policy and guidance for implementing the Voluntary Leave Transfer Program per reference (a).

2. Background. As authorized by Public Law 103-103, the Office of Personnel Management has made permanent a voluntary leave transfer program that permits federal employees to donate annual leave for the use of other federal employees for medical or family medical emergency situations. Absence from duty without paid leave because of the medical or family emergency must be (or must be expected to be) at least 24 hours.

3. Delegation of Authority. The commanding officer/activity head may delegate the responsibility for administering the Voluntary Leave Transfer Program.

4. Action

a. Application to Become a Leave Recipient

(1) An employee who wishes to become an annual leave recipient must complete enclosure (1) and forward it with their physician's certification and a copy of the employee's most recent Leave and Earning Statement via the chain of command to the program administrator. If an employee is not capable of making application, another employee may make application for him/her.

(2) The program administrator will review the application to determine that the potential leave recipient meets the requirements of the program. Within 10 workdays after receipt of the application, the program administrator will notify the requestor in writing of the disposition of the application and of the recipient's responsibility as a participant, if approved.

b. Application to Become a Leave Donor

(1) An employee desiring to be an annual leave donor will complete enclosure (2) or enclosure (3) and forward it with a copy of his/her most recent Leave and Earnings Statement via the chain of command to the program administrator who will ensure the donor is eligible.

(2) The program administrator will notify the donor in writing of the disposition of the request.

12 SEP 1994

c. General

(1) Only annual leave may be transferred. The minimum amount transferable is 1 hour.

(2) A leave donor may donate one half of the amount of annual leave he/she would be entitled to accrue during the leave year. A request to exceed this amount must be a separate written statement signed by the donor which certifies that the donor is aware that the request exceeds the limitations, and describes the unusual circumstance inherent in the request.

(3) Retroactive Substitution of Transferred Leave.

Transferred annual leave may be substituted retroactively for periods of Leave Without Pay (LWOP) or used to liquidate an indebtedness of advanced annual or sick leave granted on or after the date designated as the beginning of the medical emergency.

(4) Monthly documentation must be provided by the recipient (unless a more frequent time period is necessary) to support the continuation of the medical emergency. The emergency will terminate when:

(a) The recipient's employment at the activity terminates.

(b) The program administrator determines that the recipient is no longer affected by the medical emergency.

(c) The recipient's application for disability retirement is approved.

(d) Upon termination of a medical emergency, the program administrator will notify, in writing, the leave recipient's servicing payroll office.

(5) If an application to become either a donor or a recipient is disapproved, the applicant will be notified in writing of the reason for disapproval and that it is a grievable matter under the negotiated grievance procedure, or Civilian Personnel Instruction (CPI) 771, as appropriate.

(6) The program administrator will notify Activity employees when there is a need for leave donors. (The need for leave donors may be publicized in the Plan of the Day/Week, or via memo to all employees.)

(7) The program administrator will work with the servicing payroll office to establish procedures to ensure required documentation of all recipients, donors, and actions taken under the program.

12 SEP 1964

(8) The program administrator will ascertain from the HRO Workers' Compensation Office and/or the Retirement and Employee Benefits Office (REBO) whether the donation of leave to an employee will have an impact on a workers' compensation claim or pending disability retirement application prior to final adjudication of the leave request and payroll notification. Upon approval of the leave request, the program administrator will provide written notification to the Workers' Compensation Office and/or the REBO.

5. Forms. Enclosures (1) through (3) may be obtained from the program administrator.

6. Activities serviced by HRO Pensacola are encouraged to adopt this instruction for their use.


J. B. FOSTER

Distribution (NASPNCLAINST 5216.1P):

C D G I K	(25)
HRO (Code 092)	(05)
HRO (Code 096), Memphis	(05)
HRO (Code 097), Meridian	(05)
HRO (Code 098), Great Lakes	(05)
HRO (Code 099), South Texas	(75)
HRO (Code 09A24)	

1. Applicant's Name (Last, First, Middle)	2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level		
5. Name of Organization (Agency, Department, Office, Division, Branch, etc.)		6. Payroll Office Number
7. Nature and Severity of the Medical Emergency		

8. Individual Affected by Medical Emergency (Check One)	9. Date Medical Emergency Began	10. Date Medical Emergency Ended (or Expected End)
<input type="checkbox"/> Employee <input type="checkbox"/> Employee's Family Member		

11. Name of Physician Who Will Verify the Medical Emergency (Attach documentation from the physician, or other appropriate expert, showing the diagnosis, prognosis and duration of the illness.)

12. What is the Applicant's Leave Balance as of End of Last Pay Period? (Attach copy of most recent Leave and Earnings Statement)	13. How Many Hours of Leave Without Pay Have Been Used for This Medical Emergency?
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14. Does the Applicant Want a Description of the Medical Emergency Distributed to Servicing Personnel Office so that Other Employees May Donate Leave to the Account?

☐ No ☐ Yes If "YES," Provide the Description below

☐ Check, if the Applicant Does Not Wish to Have Name Used With the Description or Disclosed to Anyone Except Supervisor, the Supervisory Channel and the Deciding Official, and Individuals Who Maintain the Program.

15. Name of Individual Completing the Application (If Applying on Behalf of the Applicant)	Relationship to Applicant	Telephone Number
16. I Certify that the Above Statements are True. Signature of Applicant or Individual Applying on Behalf of the Applicant		Date Signed

Privacy Act Statement

Participation in this program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the application to become a leave recipient. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or

regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1947) requires that the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.

17. First Level Supervisor's Recommendation, Signature, and Date Signed	18. Deciding Official's Decision, Signature and Date Signed
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove

REPRODUCE LOCALLY

- NOTES: (1) When it is known that a leave recipient has applied for compensation, he/she should be advised that compensation and leave cannot be received for the same period of time. If transferred leave is submitted for a date for which compensation has been claimed and paid, an overpayment situation is created.
- (2) Donated leave recipients who apply for disability retirement after a period of Leave Without Pay (LWOP) are reminded that payment for the donated leave may affect the effective date of the disability retirement. Contact your on-site Personnel Management Specialist for details.

Request To Donate Annual Leave To Leave Recipient (Within Agency) Under The Leave Transfer Program

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave

remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, U.S.C., on the date the medical emergency terminates.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Privacy Act Statement

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another

agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

TO BE COMPLETED BY LEAVE DONOR

1. Name (Last, First, Middle)		2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level			
5. Name of Organization (Agency, Department, Office, Division, Branch, etc.)			
DONOR'S SERVICING PAYROLL OFFICE NO. _____			
6. Amount of Annual Leave as of End of Last Pay Period <small>(Attach copy of most recent Leave and Earnings Statement)</small>	7. Amount of Leave Projected to Forfeit This Leave Year as of End of Last Pay Period		8. Amount of Annual Leave To Be Transferred
9. Individual's Name or Identification Number to Whom Leave is Being Donated and name of Recipient's employing activity			
10. Signature			Date Signed

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